

## AUTHORIZATION TO RELEASE INFORMATION

1. I have filed with the California Department of Justice an Application under Business & Professions Code section 19850 or 19984. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me, the applicant. Under the circumstances specified in Business and Professions Code section 19828, any communication or publication from, or concerning, an applicant, licensee, or registrant, in oral, written, or any other form, is absolutely privileged and so shall not form a basis for imposing liability for defamation or constitute a ground for recovery in any civil action.
2. ~~I hereby authorize and request that all persons to whom this request is presented, having information of any nature whatsoever relating to or concerning me, to furnish such information to a representative of the California Department of Justice.~~ I understand that by signing this authorization and permitting the release of the following records, I knowingly and voluntarily waive my rights to privacy in those records. Those records include my financial (including records from financial institutions, tax and credit agencies), employment, military, court, criminal, and other licensing records.
3. ~~I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a representative of the California Department of Justice to review and copy any such documents.~~ I also agree to release and hold harmless the State of California, the California Gambling Control Commission, the Department of Justice (including the Division of Gambling Control, and the Office of the Attorney General), and all of their employees and officers, and any individual or entity who discloses or receives any of the information authorized herein for disclosure, for any adverse public notice, embarrassment, criticism, or other action or financial loss, that I may incur as a result of any action taken, or information obtained or disclosed, in connection with the aforementioned application and supplemental form.
4. ~~If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a representative of the California Department of Justice be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me.~~ I hereby authorize and request all persons, entities, and government agencies to whom this Authorization is presented, having information contained in, relating to, or concerning any of the records enumerated in paragraph 2, above, to furnish such information to a representative of the Division of Gambling Control.
5. I hereby authorize and request all persons, entities, and government agencies to whom this request is presented, having documents contained in, relating to, or concerning any of the records enunciated in paragraph 2, above, to permit a representative of the Division of Gambling Control to review and copy any such documents.
- ~~5.~~ 6. I hereby authorize a reproduction of this request to be treated for all intents and purposes as valid as the original.

~~This release form shall be valid until the earlier of the following events: 1) Twenty four (24) months from the date of execution; or 2) Until the background investigation is concluded.~~

**DECLARATION**

~~I, \_\_\_\_\_, certify and declare under penalty of perjury under the laws of the State of California, that I am the person named on this Authorization to Release Information and that to the best of my knowledge, the information contained herein is true and correct.~~

~~(Printed Name) \_\_\_\_\_ (Title)~~

~~(Signature) \_\_\_\_\_ (Date)~~

Executed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*City, State*

***This release form shall be valid for 24 months from the date of execution.***

\_\_\_\_\_  
Applicant=s Signature

\_\_\_\_\_  
Print Name

Signature of Division of Gambling Control Representative presenting this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name